

COPIES TO
 - DIVISION OF WATER RESOURCES
 - CLIENT'S COPY
 - WELL DRILLER'S COPY

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 114983
 Permit No. _____
 Basin 212

PRINT OR TYPE ONLY

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **36015**

1. OWNER City of Henderson ADDRESS AT WELL LOCATION W.Galleria Drive
 MAILING ADDRESS 240 Water Street Henderson, NV
Henderson, NV 89102

2. LOCATION NW 1/4 SW 1/4 Sec 33 T 21 S R 62 E **CLARK** County
 PERMIT NO. DW1324 161-33-301-004
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other **Auger**

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
All wells were inadvertently located where the new drainline was to be placed. Therefore casing was pulled, others excavated down to 20' & installed concrete reinforced drainpipe & backfilled to surface as per Engineer's design. No well left to plug.				
WGS 84				
N36 04. 490'				
W115 03. 746'				
DCNR/DWR RECEIVED				
MAR 22 2012				
LAS VEGAS OFFICE				

8. WELL CONSTRUCTION
 Depth Drilled 30 Feet Depth Cased 30 Feet
 HOLE DIAMETER (BIT SIZE)
 From 24 Inches To 0 Feet 20 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
14"		1/4"	0	20

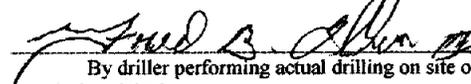
 Perforations:
 Type perforation **Machine**
 Size perforation **.020**
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet 20 feet

9. WATER LEVEL
 Static water level _____ 6 feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started 3/1, 20 12
 Date completed 3/2, 20 12

7. WELL TEST DATE

TEST METHOD:	<input type="checkbox"/> Bailer	<input type="checkbox"/> Pump	<input type="checkbox"/> Air Lift
	Draw Down (Feet Below Static)		Time (Hours)
G.P.M.			

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **ALLEN DRILLING INC.**
(CONTRACTOR)
 Address **4015 WEST TOMPKINS AVE.**
(CONTRACTOR)
LAS VEGAS, NV 89103
 Nevada contractor's license number issued by the State Contractor's Board **18916 & 18917**
 Nevada driller's license number issued by the **1301-Fred Allen III**
 Division of Water Resources, the on-site driller
 Signed 
 By driller performing actual drilling on site or contractor
 Date **March 20, 2012**